

**COUNTY OF SAN BERNARDINO
DEPARTMENT OF BEHAVIORAL HEALTH
MENTAL HEALTH PLAN (MHP)**



Fiscal Year 2015/2016

**Quality Improvement Performance Plan
(QIPP)**

December 17, 2015

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BACKGROUND:

The County of San Bernardino understands the need to provide excellence in service through the provision of client-centered, consumer-driven, recovery oriented, and culturally competent behavioral health care services that are integrated with primary health care, and seeks to address each beneficiary's unique needs. It is our mission to assist individuals with issues of mental health and substance abuse to find solutions to the challenges they face, so they may live full and healthy lives and function within their families and communities.

Our staff is committed to continued program development and compliance efforts as detailed in the County of San Bernardino Mental Health Plan (MHP) and Department of Health Care Services (DHCS) annual contract, as well as the annual Quality Improvement Performance Plan (QIPP).

The QIPP is the Quality Improvement Work Plan for the Quality Management Program of the County of San Bernardino. The QIPP meets the contractual requirements of the Mental Health Plan Contract with DHCS as well as additional areas of performance improvement as identified by California External Quality Review Organization (CAEQRO), the County Business Plan and DBH Strategic Plan. The Quality Management Program is accountable to the MHP Director and is evaluated annually and updated as necessary.

The Quality Management Program conducts performance monitoring activities throughout the MHP's operations. These monitoring activities are designed to improve the access, quality of care and outcomes of the service delivery system. The QIPP has been organized into sections which relate to structure, implementation and quantitatively measurable outcomes used to assess performance and to identify and prioritize areas for improvement. Outlined throughout are the goals, objectives and outcomes for key areas that have been identified in the Mental Health Plan. They include access to service, service delivery capacity, beneficiary satisfaction, technology infrastructure, clinical issues, previously identified issues, provider appeals, continuity of care and integration with physical health care.

MHP practitioners, providers, consumers and family members participate in Quality Management Program activities.

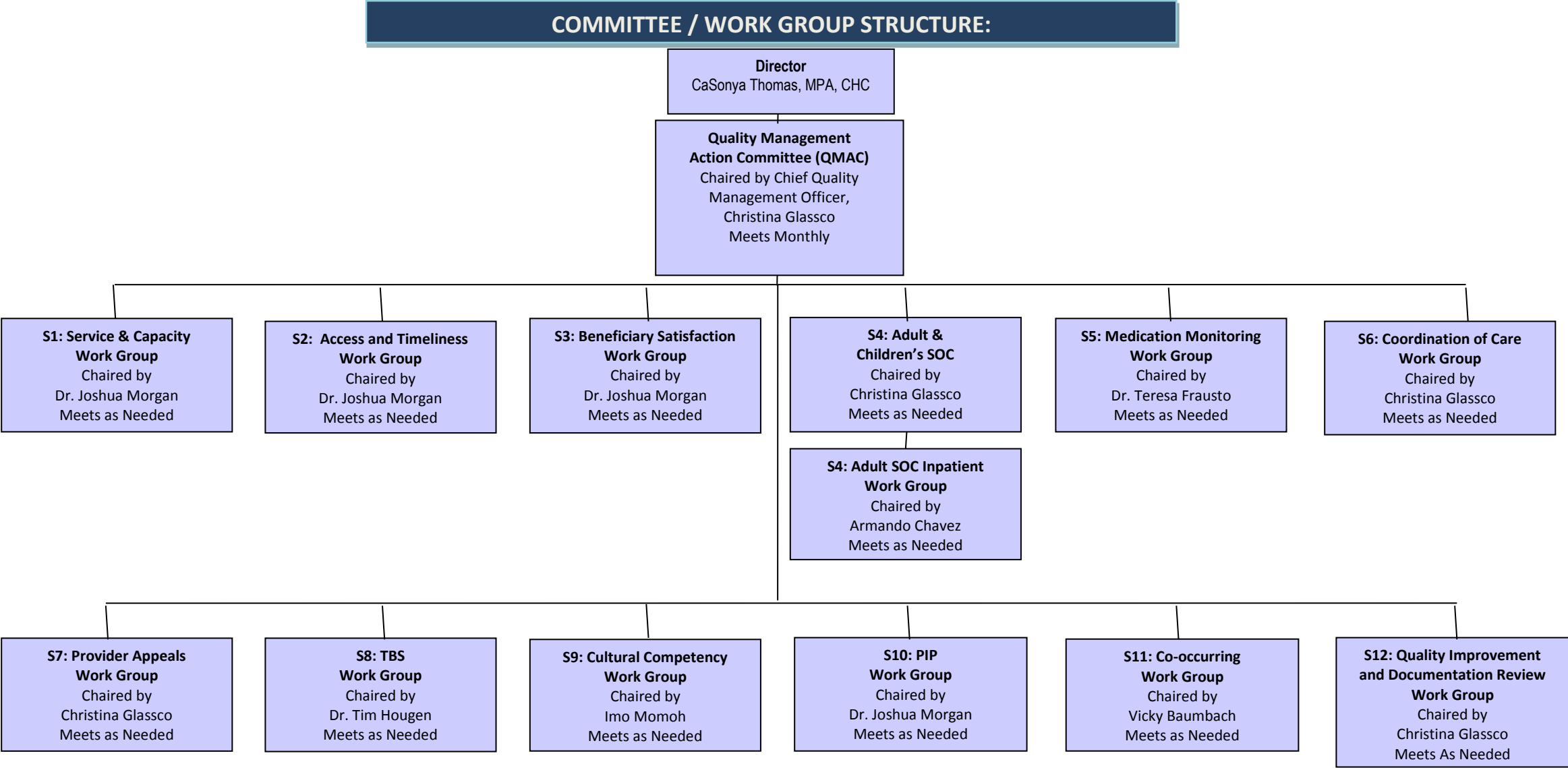
PURPOSE:

The purpose of the Quality Improvement Performance Plan (QIPP) is to organize and provide structure for Quality Management Program activities.

Implementation of the QIPP is through Department infrastructure which includes the Quality Management Action Committee (QMAC), work groups, focus groups, and DBH Administration / Management, as well as DBH and contract clinics.

The QMAC shall review the quality of specialty mental health services oversee and be involved in QI activities, including Performance Improvement Projects (PIPs). The committee shall recommend policy decisions, review and evaluate the results of QI activities, institute needed QI actions, ensure follow-up of QI processes and document Committee meeting minutes regarding decisions and actions taken.

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**QUALITY MANAGEMENT PROGRAM
COMMITTEE / WORK GROUP FUNCTIONS**

Quality Management Action Committee (QMAC):

- Conducts performance monitoring activities using independently gathered information as well as information from the DBH Quality Management Division, DBH Research and Evaluation Division and other DBH programs to track beneficiary and system outcomes, review the quality of specialty mental health services and improve the process of providing care and better meeting the needs of consumers.
- Reviews, tracks and monitors the resolution of beneficiary grievances and appeals, State Fair Hearings, Provider Appeals, and inpatient and outpatient quality improvement referrals.
- Oversees, facilitates, reviews and evaluates the results of QI activities, including performance improvement projects. Institutes needed QI actions and ensures follow-up of QI efforts.
- Reviews, tracks and monitors the implementation of technology infrastructure as it relates to electronic health records to ensure consistency with DHCS protocols.
- Oversees the Quality Management Section Work Group. Reviews reports from Quality Management Work Groups and recommends and institutes appropriate actions.
- Documents Committee meetings minutes regarding decisions and actions taken.
- Creates recommendations for procedural and policy changes to improve the quality and delivery of mental health services; presents these issues and policy recommendations to the MHP Director and Administration.

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COMMITTEE / WORK GROUP MEMBERSHIPS

- Work Groups will be comprised of clinic and contract staff and be inclusive of consumers and consumer family members. Committees / Work Groups will reflect diversity in the following areas; unserved/underserved/inappropriately served populations, children/youth, older adult, rural areas, military/veterans and co-occurring conditions.
- Work Groups will be led by Section Chiefs who will be responsible for the implementation, evaluation and management of the Quality Improvement Performance Plan (QIPP) section objectives/goals department-wide.
- Section Chiefs will participate on the Quality Management Action Committee (QMAC) as active members and represent their section of the Quality Improvement Performance Plan (QIPP) and Work Group. They will report their findings to the Committee as well as identify any system barriers and potential solutions.
- The information dissemination pathway shall be continuous from the Work Groups to the Quality Management Action Committee (QMAC) and back to the Work Groups.

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SECTION 1 WORK GROUP

MONITORING THE SERVICE CAPACITY AND SERVICE DISTRIBUTION OF THE MHP (Source: MHP)

- Conducts performance monitoring activities that evaluate beneficiary and system outcomes and indicators of wellbeing.
- Describes and provides information regarding the current type, number and geographic distribution of Mental Health Services in the system.
- Sets goals for the number, type and geographic distribution of Mental Health Services.
- Evaluates and monitors the capacity of the MHP.
- Makes program recommendations based on capacity indicators.
- Participates in the county planning process which identifies expanded service populations.
- Monitors the number of Medi-Cal beneficiaries receiving services and works with Research and Evaluation to distribute information to Program Managers and QMAC.

OBJECTIVE 1

To describe the current type, number and geographic distribution of Mental Health Services in the MHP System of Care in order to ensure appropriate allocation of MHP resources in providing adequate behavioral health access to all beneficiaries.

GOAL 1

To identify service provision to Children, Adolescent and Adult Medi-Cal/Uninsured beneficiaries by types of services and service locations by geographic regions. To track service provision against service demand and ensure resources are appropriately allocated to provide for access.

RESPONSIBLE PARTNERS

Christina Glassco, Dr. Joshua Morgan

EVALUATION TOOL(S)

Mechanisms for monitoring services and activities include completed Geographic Maps and Data Reports.

WORKGROUP RESULTS

To measure service provision through the construction of numerous geographic maps and data reports, down to the district level, indicating the geographic distribution, type and number of specialty mental health and substance abuse services as well as eligible beneficiaries within the County of San Bernardino that can be used for QI activities and service planning purposes.

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SECTION 2 WORK GROUP MONITORING TIMELY ACCESS FOR ROUTINE AND URGENT SERVICE NEEDS <i>(Source MHP)</i>	
<ul style="list-style-type: none"> • Conducts and coordinates performance monitoring activities to test timeliness and access to services within the MHP. • Tests the ability of the appointment system to meet goals identified in Section 2 of the QIPP through the mechanisms of test calls, secret shoppers and internal audits of contact logs. • Reports findings and suggested solutions for systems issues which negatively impact access. • Tests and evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number. • Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions. 	
OBJECTIVE 2	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to routine specialty mental health appointments.
GOAL 2	<p>To ensure that all beneficiaries requesting routine specialty mental health services are offered an appointment within 15 business days.</p> <p><i>Note: QIPP 15/16 has revised the standard to 15 days in order to align with 1915(b) Waiver requirements.</i></p>
RESPONSIBLE PARTNERS	Christina Glassco, Imo Momoh, Dr. Joshua Morgan
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Initial Contact Log, Test Calls, Mystery Shopper, Claims Data and Consumer Perception Survey results.
WORKGROUP RESULTS	All initial requests for routine specialty mental health services are input onto Initial Contact Logs which document the date of the request and the first date of service offered. Initial Contact Logs show that all initial requests are offered an appointment which is within 15 business days of the request.
GOAL 2.1	To ensure beneficiaries discharging from psychiatric hospitalization are given an outpatient medication appointment within 7 calendar days of discharge .
RESPONSIBLE PARTNERS	Sharon Nevins, Christina Glassco, Dr. Joshua Morgan, Paula Rutten
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Arrowhead Regional Medical Center (ARMC) Hospitalization Reports, Initial Contact Logs, Department Data Dashboard Reports and SIMON Service Reports.
WORKGROUP RESULTS	<p>Access Coordination and Enhancement of Services (ACE) Programs operating within each DBH Clinic receive notification of all ARMC hospital discharges and offer beneficiaries a medication service appointment within 7 days of discharge.</p> <p>RBEST Program linked to hospitalized beneficiaries who are difficult to engage into routine medication services which might prevent or reduce the need for future hospitalizations.</p>

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OBJECTIVE 2B	To conduct performance monitoring activities that gauge the system's effectiveness at providing timely access to services for urgent conditions.
GOAL 2B	To ensure that all requests for urgent mental health services are responded to with an available appointment slot or service provision within 24-hours.
RESPONSIBLE PARTNERS	Andy Gruchy, Nancy Olson, Cynthia White and Dr. Joshua Morgan
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Initial Contact Log and Test Calls.
WORKGROUP RESULTS	All urgent service needs are triaged through the use of Crisis Walk-In Centers and/or Community Crisis Response Team, both of which provide immediate access to risk assessment and services for urgent conditions.
OBJECTIVE 2C	To ensure that beneficiaries are provided with information on how to access specialty mental health services after business hours, including weekends and holidays.
GOAL 2C	To confirm that all MHP providers have after-hours telephone message systems that provide information in English and Threshold language(s) on how to access emergency and routine mental health services in the County of San Bernardino.
RESPONSIBLE PARTNERS	Andy Gruchy, Michael Schertell, Regional Program Managers and Christina Glassco
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include ongoing after-hours test calls and documentation of compliance to standards outline in the After-Hours Protocol.
WORKGROUP RESULTS	All DBH clinic sites, contract agencies and FFS Providers will maintain telephone messaging, available in English and Spanish, which directs consumers to crisis response services in their area as well as hours of normal operation for the site.
OBJECTIVE 2D	To provide a Toll Free Telephone Line that operates 24/7 and meets all required elements of the MHP contract.
GOAL 2D	To ensure that the 24/7 Telephone Line provides information, in beneficiary's language of choice, on how to access specialty mental health services, beneficiary resolution process and responds to urgent conditions.
RESPONSIBLE PARTNERS	Christina Glassco, Kim Carson
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include monthly test calls made during the year throughout various times of the day and night with test callers following a script and presenting a myriad of problems varying in complexity, scope and requiring a response. Call details are logged and the success of test calls is determined by the callers' ability to be directed to the appropriate services.
WORKGROUP RESULTS	Monthly test calls confirm that all required elements are provided to beneficiaries. Results of test calls are submitted to Access Unit and After-Hours Contractor in order to monitor compliance with requirements and ensure excellent customer service.

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SECTION 3 WORK GROUP MONITORING BENEFICIARY SATISFACTION <i>(Source MHP)</i>	
<ul style="list-style-type: none"> • <i>Conducts and evaluates findings from annual client surveys.</i> • <i>Informs provider of results of clinical client surveys.</i> • <i>Identifies areas of improvement as identified by consumer feedback and provides long term and short term solution planning.</i> • <i>Conducts focus groups twice per year.</i> • <i>Ensures provider surveys for FFS outpatient and inpatient providers are conducted annually.</i> 	
OBJECTIVE 3	To conduct performance monitoring activities using mechanisms that assess beneficiary satisfaction with the specialty mental health services provided as an indicator of beneficiary and system outcomes.
GOAL 3	To ensure clients are receiving excellence in behavioral healthcare services as indicated by an annual client satisfaction survey. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Regional Program Managers, Christina Glassco and Dr. Joshua Morgan
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Consumer Perception Survey (child, youth and adult versions).
WORKGROUP RESULTS	Consumer Perception Surveys are provided to all beneficiaries a minimum of once per year. Results of the Consumer Perception Survey are submitted to State of California, Department of Health Care Services. DBH programs and contract organizational providers are provided with report data which highlights areas of strength and areas for growth as indicated by consumer feedback.
OBJECTIVE 3A	To conduct yearly performance monitoring activities using mechanisms that assess clients' satisfaction with behavioral healthcare services and their participation in reporting their satisfaction with these services as an indicator of beneficiary and system outcomes.
GOAL 3A	To ensure clients are receiving excellence in behavioral healthcare services and are reporting their satisfaction with the services as indicated by feedback from client satisfaction focus groups twice per year. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Christina Glassco, Imo Momoh, Dr. Joshua Morgan
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include consumer surveys, focus group minutes, sign-in sheets and summary reports.
WORKGROUP RESULTS	Consumers are provided with two (2) focus groups annually. One focus group is completed during the California External Quality Review Organization (CAEQRO) Annual Review. The second is the dissemination of an annual consumer feedback survey related to relevant service delivery issues and a corresponding focus group related to the same survey topic. Consumer feedback is distributed through QMAC and incorporated into future decision making regarding service delivery of the MHP.

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OBJECTIVE 3B	To conduct performance monitoring activities using mechanisms which assess provider satisfaction and the timeliness of feedback from the MHP as an indicator of beneficiary and system outcomes.
GOAL 3B	To ensure providers are receiving timely feedback from MHP as indicated by responses from annual provider satisfaction surveys and by publishing the results in the same fiscal year. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Christina Glassco, Kim Carson
EVALUATION TOOL(S)	Mechanisms to assess provider satisfaction include the Fee-For-Service (FFS) Survey, or Organizational Survey and published results.
WORKGROUP RESULTS	Fee-For-Service (FFS) and Organizational providers are surveyed annually to identify the MHP's capability of responding to provider concerns and needs in a timely manner. Results of the surveys are distributed through the QMAC process.
OBJECTIVE 3C	To conduct performance monitoring activities using mechanisms that assess the number of grievances (and their resolution), appeals and requests for State Fair Hearings. To analyze the nature of the causes for concern as an indicator of beneficiary and system outcomes.
GOAL 3C	To ensure that client grievances, consumer appeals and requests for State Fair Hearings are being resolved expeditiously and appropriately within the MHP. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Christina Glassco, Armando Chavez, Kim Carson
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include monthly grievance reports on grievances, consumer appeals and request for State Fair Hearings.
WORKGROUP RESULTS	Access Unit and Patients' Rights Office will demonstrate that a minimum of 85% of grievances and appeals are resolved to the beneficiary's satisfaction and do not result in a request for a State Fair Hearing. Nature of the grievances and results of grievance resolutions will be shared via report through QMAC.

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SECTION 4 WORK GROUP	
MONITORING THE SERVICE DELIVERY SYSTEM FOR MEANINGFUL CLINICAL & ETHICAL ISSUES <i>(Source MHP)</i>	
<ul style="list-style-type: none"> • Monitors, anticipates and evaluates clinical aspects and implications of departmental policies, procedures, and actions. • Reviews clinical issues, quality of care, utilization and utilization management issues that surface as a result of chart review and program review. • Considers the ethical implications of departmental and staff activities. • Prepares reports of findings and recommendations for submission to the Quality Management Action Committee (QMAC). 	
OBJECTIVE 4	To conduct performance monitoring activities of the safety and effectiveness of the service delivery system related to clinical and ethical issues in the Inpatient system of care.
GOAL 4	To identify and address issues affecting quality of care through the review of findings from Patient's Rights investigations, IMD reviews, inpatient authorization review, and applicable psychological autopsy proceedings. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Sharon Nevins, Dr. Frausto, Marina Espinosa, Christina Glassco, Dr. Dalal, Armando Chavez
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Work Group minutes, QMAC meeting minutes, chart and on-site monitoring report summaries.
WORKGROUP RESULTS	QM Inpatient Utilization Review team and Patients' Rights Office will track and log all clinical and/or ethical concerns related to inpatient care. Reports of concerns will be distributed through QMAC as well as referred to Ethics and Compliance Committee and Medication Reconciliation Committees. QM and Patients' Rights staff will provide training activities as needed to ensure inpatient providers are equipped to provide high quality clinical and ethical care.
OBJECTIVE 4A	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness in the Outpatient system of care.
GOAL 4A	To identify and address issues which may affect the quality of care provided to beneficiaries , underutilization of services, overutilization of services and utilization management. To implement corrective measures as appropriate. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Dr. Frausto, Christina Glassco, Mark Thomas, Marina Espinosa, Regional Program Managers
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Work Group minutes, QMAC meeting minutes, chart and on-site monitoring report summaries.
WORKGROUP RESULTS	Completion of regular chart and site reviews for compliance to Medi-Cal standards. Analyzing data provided through grievance, appeal, change of provider and second opinion submissions to identify and address any concerns related to beneficiary care. Providing training to outpatient service providers related to any areas of concern and supporting best clinical practices.

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SECTION 5 WORK GROUP MONITORING THE MHP SERVICE DELIVERY SYSTEM FOR THE SAFETY & EFFECTIVENESS OF MEDICATION PRACTICES <i>(Source MHP)</i>	
<ul style="list-style-type: none"> • Under the supervision of a person licensed to prescribe or dispense prescription drugs, evaluates and monitors the safety and effectiveness of medication practices. • Reviews cases involving medication issues and tracks medication issues over time. • Recommends and institutes needed actions involving medication procedures and policies. • Conducts Peer Reviews regarding medication practices. 	
OBJECTIVE 5	To conduct performance monitoring activities of the mechanisms responsible for the safety and effectiveness of medication practices.
GOAL 5	To obtain information regarding the safety and effectiveness of medication practices. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Dr. Frausto, Dr. Kissner, Carol Davis
EVALUATION TOOL(S)	Mechanisms to monitor the safety and effectiveness of medication practices include twice yearly reports and chart review summaries under the supervision of a person licensed to prescribe or dispense prescription drugs.
WORKGROUP RESULTS	Twice yearly reports on physician Peer Review activities, quarterly reports on actions of the Medical Monitoring Committee, institution of medication reconciliation charting practices at pilot site.

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SECTION 6 WORK GROUP MONITORING COORDINATION OF CARE BETWEEN THE MHP AND PHYSICAL HEALTHCARE AGENCIES <i>(Source MHP)</i>	
	<ul style="list-style-type: none"> • <i>Manages the continuity and coordination of care between physical health care agencies and the MHP across the department.</i> • <i>Develops department-wide processes to link physical health care into ongoing operating procedures.</i> • <i>Manages achievement of the goals as described in the QIPP.</i> • <i>Assesses the effectiveness and facilitates the improvement of MOU's with physical health care plans.</i>
OBJECTIVE 6	To conduct performance monitoring activities of the mechanisms responsible for enhancing continuity and increasing the coordination of care between the MHP and Physical Healthcare agencies/providers as an indicator of beneficiary and system outcomes.
GOAL 6	Update MOU's with physical health plans in order to create a mechanism for exchange of information between DBH & primary care with regards to individual client care. Develop Information Sharing Exchanges with Inland Empire Health Plan (IEHP), Kaiser, Molina and Health Net. To enhance any additional continuity and coordination of care activities. To assess effectiveness of MOU with physical health care providers and revise as appropriate to improve the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Sarah Eberhardt-Rios, Andy Gruchy, Diane Sceranka, Christina Glassco, Olga Granillo
EVALUATION TOOL(S)	The completed draft of IEHP and Molina MOU, updated Coordination of Care policy, outcomes for implemented web-based Coordination of Care project, data reports, training sign in sheets, Coordination of Care protocol.
WORKGROUP RESULTS	Revised MOU's with both IEHP and Molina to provide for Business Agreements which meets HIPAA standards. Establishment of regular coordination meetings to review the care of Cal MediConnect clients.

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SECTION 7 WORK GROUP MONITORING PROVIDER APPEALS <i>(Source MHP)</i>	
<ul style="list-style-type: none"> Reviews provider appeals submitted to the Access Unit. Evaluates the provider appeals process for efficiency and effectiveness. Makes recommendations based on group findings and review of provider appeals that ensures equity and fairness in due process. 	
OBJECTIVE 7	To conduct performance monitoring activities which review provider appeals and concerns on an ongoing basis as an indicator of the effectiveness of the provider appeal resolution process.
GOAL 7	To provide an effective means of identifying, resolving and preventing the recurrence of provider concerns/appeals with the MHP's authorization and other processes. To continue to use this information to identify and prioritize areas for improving the processes of providing care.
RESPONSIBLE PARTNERS	Christina Glassco, Kim Carson
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Provider appeal log and provider appeal summaries.
WORKGROUP RESULTS	90% of provider appeals will be resolved within a 90-day period of time. Areas of provider concern will be reviewed through the QMAC process and solutions determined in order to maintain a robust provider network to the beneficiaries.

SECTION 8 WORK GROUP THERAPEUTIC BEHAVIORAL SERVICES (TBS) MONITORING <i>(Source MHP)</i>	
<ul style="list-style-type: none"> Monitors access to TBS services. Monitors utilization rates, utilization management, utilization review and outcomes of treatment. Reports findings to QMAC to inform QI activities. Makes recommendations pertaining to the improvement of TBS services. 	
OBJECTIVE 8	To conduct performance monitoring activities of Therapeutic Behavioral Services in the MHP, as an indicator of the effectiveness of utilization management and review processes.
GOAL 8	To monitor access to TBS services, in order to ensure appropriate utilization rates and outcomes. To continue to use this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Dr. Hougen
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include DBH TBS monthly reports.
WORKGROUP RESULTS	Monthly reports are distributed through the QMAC process. The monthly reports detail the number of unduplicated clients provided TBS, the utilization of TBS by Medi-Cal beneficiaries, average length of a TBS service, length of a TBS treatment episode and breakdown of TBS recipients by ethnic and cultural groups.

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SECTION 9 WORK GROUP MONITORING MENTAL HEALTH NEEDS IN SPECIFIC CULTURAL GROUPS	
<ul style="list-style-type: none"> Assumes responsibility for coordinating trainings designed to enhance cultural competence. Conducts outreach activities to unserved, underserved, inappropriately served and minority populations. Monitors the implementation of cultural competence plan goals. Participates as necessary in other Work Group activities. 	
OBJECTIVE 9	To conduct performance monitoring activities of the mechanisms used to identify access barriers among specified ethnic/cultural groups that are currently unserved, underserved or inappropriately served.
GOAL 9	To evaluate the effectiveness of current outreach activities in engaging diverse cultural groups into mental health treatment. To review and monitor the provision of cultural competency trainings to providers. To continue using this information to identify and prioritize areas for improving the processes of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Imo Momoh, Mariann Ruffolo, Dr. Morgan
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include Workforce and Education monthly training reports, OCCES outreach activities log and Research and Evaluation Data Dashboards.
WORKGROUP RESULTS	Monthly reports of providers cultural competency training activities are submitted to all management staff. Data Dashboards are created by R&E to indicate the percentage of mental health services received by various cultural groups. OCCES provides monthly outreach to the community regarding cultural options for care and educating beneficiaries on available services.

SECTION 10 WORK GROUP PERFORMANCE IMPROVEMENT PROJECTS (PIP)	
<ul style="list-style-type: none"> Facilitates clinical and administrative PIP activities. Uses data as a foundation in implementing the PIP Roadmap. Evaluates progress on PIP stages and reviews final reports. Shares information about PIP activities with QMAC that may be used in policy making. 	
OBJECTIVE 10	To maintain two (2) active Performance Improvement Projects (PIPs); one (1) clinical and one (1) administrative, per fiscal year.
GOAL 10	To complete the appropriate steps in the CAEQRO PIP Road Map for each PIP.
RESPONSIBLE PARTNERS	Christina Glassco, PIP Leads
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include CAEQRO PIP Road Map and PIP summary reports.
WORKGROUP RESULTS	Successful completion of both PIPs for the 2016 CAEQRO Review.

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SECTION 11 WORK GROUP	
MONITORING AND PROGRESS TOWARD COORDINATING CO-OCCURRING SERVICES	
<ul style="list-style-type: none"> Evaluates current clinical practice and plans for coordination of care for Co-Occurring services. Makes recommendations about clinical practices, standard policies, procedures, service delivery and coordination with other human services agencies used by consumers. Reviews clinical chart documents for use and appropriateness in facilitating treatment for Co-Occurring clients, and makes recommendations on useful modifications. Works with Workforce Education and Training (WET) to review, build and participate in Co-Occurring trainings for department and contract staff. 	
OBJECTIVE 11	To conduct performance monitoring activities of the mechanisms used to evaluate the service delivery system for coordination of referrals, interventions and discharge planning.
GOAL 11	To evaluate the level of coordination occurring between behavioral health and substance use treatment. To make recommendations as to what steps should be taken to better integrate care.
RESPONSIBLE PARTNERS	Vickie Baumbach
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include monthly reports to QMAC.
WORKGROUP RESULTS	Care of consumers involved in both the behavioral health and substance use treatment programs will be coordinated to ensure providers are aware of relevant current treatment information.

SECTION 12 WORK GROUP	
MONITORING QUALITY IMPROVEMENT AND DOCUMENTATION REVIEW	
<ul style="list-style-type: none"> Reviews new regulations which may affect documentation issues; documents revisions to the QIPP as needed. Works to build standardized procedures for new legislation when implemented in MHP. Serves as a review body for audit results which go to appeal after the first plan of correction. 	
OBJECTIVE 12	To conduct performance monitoring activities using mechanisms that assess if all chart documentation and audit review findings are in congruence with State and Federal regulations as an indicator of adherence credentialing and monitoring standards.
GOAL 12	To review all current chart documents for ease of use and to ensure appropriateness to Title 9, Medi-Cal, Managed Care and Federal requirements; make revisions based on new legislation and State guidance as needed. To enhance department quality management practices, infrastructure and QI plan fidelity. To continue to use this information to identify and prioritize areas for improving the process of providing care and better meeting consumer needs.
RESPONSIBLE PARTNERS	Christina Glassco, Mark Thomas, Nurse Supervisor
EVALUATION TOOL(S)	Mechanisms for monitoring services and activities include QM disallowance reports for outpatient and inpatient.
WORKGROUP RESULTS	Monthly provision of disallowance reports in QMAC as well as administrative and contractor meetings.

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CONCLUSION

Although the County of San Bernardino Department of Behavioral Health has committed to the implementation of the Quality Improvement Performance Plan as described, other items which may need attention may arise.

All such items will be addressed and identified through monthly department meetings, QMAC meetings and others.